

ETHNOCARE

Guidance For Ethnocare Overlay L5999 Claim Submissions

The ETHNOCARE OVERLAY HCPCS coding has been **PDAC verified as L5999** [PDAC Verified Letter](#)

For comprehensive guidance on billing the Overlay under the L-5999 code or to proactively address any related challenges, we encourage you to explore this informative webinar:

[Online Recorded Webinar | Expert Guidance on Billing the L-5999 Code for the Overlay | O&P Insight](#)

For additional reimbursement support by O&P Insight, e-mail reimbursement@ethnocare.ca.

*O&P Insight provides O&P clinics with services regarding general reimbursement guidance, such as medical policy interpretation, high-level reimbursement trends, and general, non-patient-specific suggestions to support claims.

MANUFACTURE SUGGESTED RETAIL PRICE (MSRP)

Ethnocare's Manufacturer Suggested Retail Price (MSRP) is \$899.

STANDARD WRITTEN ORDER

L5999-ADDITION TO LL PROSTHESIS, SOCKET INSERT, PNEUMATIC, AIR PUMP, RELEASE VALVE

Description: The Ethnocare Overlay is an addition to lower extremity prosthetic system, external pneumatic socket insert, w/ integrated expandable air cells, w/ inflation/deflation mechanisms, for management of residual limb volume, shape changes, and socket fit issues. It is worn over the prosthetic liner and slid inside the patient's prosthetic socket. The Overlay adjusts to patient's existing prosthetic equipment with minor or no modification and inflates to fill voids, thereby improving fit and stability, enhancing suspension, relieving pressure points (especially at the distal end), and reducing potential skin irritations.

Medical Necessity Justifications (modify and include as appropriate to your patient's situation)

* Please refer to the [Ethnocare Medical Necessity Letter](#) for further guidance.

- Volume Fluctuations: The patient experiences significant fluctuations in residual limb volume throughout the day, resulting in poor socket fit and challenges in maintaining proper socket fit during activities of daily living. This often leads to a lack of total contact between the limb and the socket, causing discomfort and instability, resulting in an improper gait and risk of falls.
- Non-Uniform Volume Fluctuation: The patient's limb volume variation is not uniformly distributed, further complicating the fit and comfort of the prosthesis.
- Traditional Volume Management Methods: The patient has been unable to effectively manage socket volume using traditional methods, such as appropriately adding or removing socks in a timely manner.

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- Cognitive or Dexterity Issues: The patient has difficulty managing sock ply changes due to dexterity or cognitive issues. They struggle with adding or removing socks in a timely manner and require a more straightforward, adaptive solution to manage volume variation.
- Difficulty Donning Prosthesis: The patient reports significant difficulty donning the prosthesis. The patient frequently struggles to properly seat the limb into the device, resulting in an improper gait and multiple falls over the past three months.
- Bell Clapping: The patient experiences a loose fit at the distal portion of the residual limb within the socket, while the proximal portion fits snugly. The patient needs targeted cushioning to reposition the bony anatomy and accommodate distal limb volume.
- Limb Sensitivity: The patient has sensitive areas on the limb, making socket fit challenging. There's a need for targeted cushioning to offload pressure from sensitive areas and apply it to pressure-tolerant ones.
- Weight Fluctuations: The patient has undergone significant weight changes due to medical conditions, medications, or other factors, which affect the volume and shape of the residual limb.
- Transitional Fit Issues: The patient is transitioning between different prosthetic sockets or equipment and needs a temporary solution to manage volume fluctuations during the adjustment period.
- Post-Surgical Volume Changes: The patient is in the post-operative phase and is experiencing rapid volume changes in their residual limb due to edema or muscle atrophy. Wearing an Overlay may help the patient stay comfortable and use their prosthesis as their limb changes post-op, and possibly reduce the need for additional fittings for check sockets, as the Overlay can accommodate those volume changes.
- Skin Irritation and Breakdown: Over a period since delivery, the patient has repeatedly experienced skin abrasions and persistent erythema that take longer than 20 minutes to resolve post-socket use. This repeated skin irritation can inhibit healing and potentially lead to the development of open sores.
- Active Patients (K4): The patient is very active (K4) and needs a more adaptable solution to accommodate the dynamic volume changes during physical activities. Traditional methods do not allow effective management of socket volume.

PHYSICIAN DOCUMENTATION:

1. Patient has a medical need for a volume management system beyond simple prosthetic socks.
2. Documents the expected medical benefit the patient will receive by the implementation of a separate volume management system.
3. Prescribes the addition of a volume management system.

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PROSTHETIST DOCUMENTATION:

1. General & Amputation Information
2. Medical History- If Patient experiences daily volume fluctuations due to a medical condition, document that fact
3. Daily Life: Physical Environment, Support People, Activities, Challenges- Document how volume changes impact this patient? If the patient navigates in an environment where they are unable to remove the prosthesis to adjust sock ply, document that fact.
4. Patient Goals for Prosthetic service
5. Prosthetic History
6. Examination of Existing Prosthetic
7. Physical Evaluation: Gait, Residuum, Measurements, Outcome Measures
8. Assessment & Plan-Explain the rationale for the addition of the Overlay volume management system. What other systems were considered? Why this was chosen? Include the medical necessity for the volume management system addition.
 - 8.1 [Overlay Feature and Benefits Document](#)
[Ethnocare Medical Necessity Letter](#)

POTENTIAL INDICATIONS FOR COVERAGE THAT NEED TO BE DOCUMENTED:

- Daily volume fluctuations of the patient's residual limb
- Progressive and continuous changes to the shape and size of the residual limb
- Treatment of a specific fitting issue
- Resolution of socket fit issues when the beneficiary isn't eligible for a replacement socket

OBTAIN PRIOR AUTHORIZATION WHEN REQUIRED

Not otherwise classified codes (NOC) often have plan requirements for prior authorization to allow coverage.

PROOF OF DELIVERY

Include the manufacturer information on the signed proof of delivery (serial number, part number, model number, manufacturer name, brand name, etc.)

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BILLING THE NOT OTHERWISE CLASSIFIED CODE (NOC) CODE L5999 FOR ETHNOCARE OVERLAY

It is best practice to bill all components of a complete prosthetic service on the same claim and date of service. The Overlay could be provided as part of a lower limb prosthetic system, or as a replacement component for an existing system. If the Overlay is billed alone, and not indicated as a replacement component, the medical necessity documentation should indicate a new medical need has been identified and the Overlay has been prescribed as an addition to an existing prosthesis.

On the claim form, either HCFA 1500 or electronic equivalent, you must include specific information in certain boxes:

- Box 19 requires a description of the product, including manufacturer name, product name and model, price.
- Box 21 requires a diagnosis code. This will be an ICD 10 code provided by the prescribing physician.
- Box 24D requires you to list the miscellaneous code you are billing (e.g. L7499)
- SV101-7 Segment requires a concise description of the product. Limited to 80 characters

SHORT DESCRIPTION (Under 80 Characters):

L5999 ADDTN TO LL PROSTHESIS ETHNOCARE OVERLAY SOCKET INSERT OVXX-XX-X, MSRP \$XXX

(NOTE: Replace OVXX-XX-X with the actual part number for the specific model dispensed to the patient. MSRP is the \$ amount the servicing provider is billing for the component.)

NARRATIVE DESCRIPTION:

L5999: Addition to lower extremity exoskeletal system, Ethnocare Overlay external pneumatic socket insert, w/ integrated expandable air cells, w/ inflation/deflation mechanisms, for management of residual limb volume, shape changes, and socket fit issues.

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REIMBURSEMENT AMOUNT

Miscellaneous codes are generally referred to as Not Otherwise Classified (NOC), Not Otherwise Specified (NOS) or Non-Assigned Codes. The reimbursement methodology for these codes is generally stated in your payer contract or in the provider manual. The most common methodologies include:

- MSRP minus % (Use Ethnocare's MSRP of \$899)
- Cost plus %
- Usual and Customary (average amount the clinic is billed by manufacturers or distributors for similar devices)
- Average Regional Amount billed for similar devices
- The lesser of the above listed methodologies

NOTE: The clinician and/or billing staff should carefully review the payer contract and provider manual before billing an L-5999 coded product.